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PROVISIONAL APPLICATION FOR PATENT COVER SHEET
This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

INVENTOR(S)					
Given Name (first and middle [if any])		Family Name or Surname		Residence (City and either State or Foreign Country)	
ROBERT H.		ZIMMER		Muttenez, Switzerland ✓	
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (280 characters max)					
A Process To Improve Or Permit The Oral Absorption of Polypeptide Drug Substances And Other Poorly Orally Absorbed Drugs					
Direct all Correspondence to:			CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number			24126		
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Country		United States	Telephone	203 324-6155	Fax 203 327-1096
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/> Specification Number of Pages		13 ✓		<input checked="" type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Drawing(s) Number of Sheets		0		<input type="checkbox"/> Other (specify) _____	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)					
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.				FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> The commissioner is hereby authorized to charge filing fee, any deficiency or credit any overpayment to Deposit Account Number:				19-4516 \$75.00	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are _____					

Respectfully submitted

Date 8/7/2000

SIGNATURE
TYPED or PRINTED NAME Daniel F. Coughlin
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REGISTRATION NO.
(if appropriate)
Docket Number:

36,111
03187-P0006B

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 AND 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitted the complete provisional application to the PTO> Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.

The PTO did not receive the Small Entity Statement



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August 7, 2000

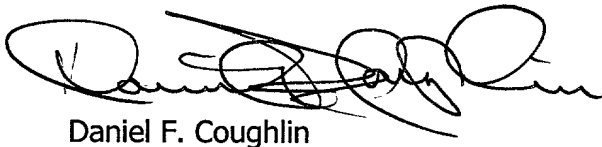
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Washington, D.C. 20231

Re: SSJR File 03187-P0006B
A PROCESS TO IMPROVE OR PERMIT THE ORAL ABSORPTION
OF POLYPEPTIDE DRUG SUBSTANCES AND OTHER POORLY
ORALLY ABSORBED DRUGS
Inventor: Dr. Robert H. Zimmer

Dear Sir/Madam,

Please find enclosed one Utility Patent Application, entitled "**A Process to Improve or Permit the Oral Absorption of Polypeptide Drug Substances and Other Poorly Orally Absorbed Drugs**" and an Application Transmittal form for same. Please note the enclosed Application is being submitted without will be provided along with response to Notice of Missing Parts, when received.

Very truly yours,



Daniel F. Coughlin

DFC/ljg
Enclosures

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PATENT
03187-P0006B DFC

UNITED STATES PATENT APPLICATION

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for

**A PROCESS TO IMPROVE OR PERMIT THE ORAL ABSORPTION OF POLYPEPTIDE DRUG
SUBSTANCES AND OTHER POORLY ORALLY ABSORBED DRUGS**

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August 7, 2000


Lori J. Giuffrida

**A PROCESS TO IMPROVE OR PERMIT THE ORAL ABSORPTION OF POLYPEPTIDE DRUG
SUBSTANCES AND OTHER POORLY ORALLY ABSORBED DRUGS WHILE MAINTAINING
THEIR PHARMACOLOGICAL EFFECTS**

Field Of The Invention

5 This invention, in general relates to prodrugs for the oral
administration of therapeutically active polypeptides that are otherwise poorly
orally absorbable.

Background Of The Invention

10 It has been observed in the literature that therapeutically effective
olypeptides (aa_n) with two or more amino acids ($n \geq 2$) are poorly absorbed orally.
Even a polypeptide of as few as two amino acids, or related structures, exhibits
very narrow absorption windows and poor bioavailability. As an example, the
Physician's Desk Reference (PDR) reports that the angiotensin converting
enzyme (ACE) inhibitor Enalaprilat (R_1 -Ala-Pro; $n = 2$) is very poorly absorbed
15 orally. Enalapril (R_2 -Ala-Pro), which is a pro-drug of Enalaprilat, is better
absorbed orally, but the end result demonstrates only a 25% relative
bioavailability of the active moiety (Enalaprilat) released from *in vivo* cleavage of
the prodrug. In comparison, Lisinopril (R_3 -Lys-Pro) has relatively good solubility
in water, but only a moderate oral bioavailability (< 25%), with a T_{max} (time to

maximum serum levels *in vivo*) of more than seven hours. Thus, this class of therapeutic species is preferably administered via a non-oral delivery method, such as by injection. However, even delivered by injection, the therapeutically active species has a relatively short serum half-life.

5 It is known that some tri-peptides originating in food products may be capable of effective oral absorption, but to an unknown extent. Furthermore, no active tri- or longer peptide drug substances ($n \geq 3$) showing oral absorption have been identified. According to the present invention, it is possible to chemically modify a polypeptide species of known therapeutic utility to both
10 permit the oral administration of the species and to demonstrate effective bioavailability.

Summary Of The Invention

In one embodiment, the present invention provides a prodrug for use in the treatment of physiological conditions comprising a carrier moiety
15 selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl, wherein the carrier moiety is chemically linked to a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly
20 absorbed orally. Preferably, in the prodrug of the invention, n is an integer from 3

to 6. More preferably, n is 5. In a particularly preferred embodiment, the polypeptide is Tyr-Gly-Gly-Phe-Met.

In an alternative variation, the prodrug of the present invention further comprises a non-therapeutic linker species linking the polypeptide to the carrier species. Preferably, the linker species is an amino acid.

In another embodiment, the present invention contemplates a pharmaceutical composition comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl chemically linked to a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, wherein the polypeptide is poorly absorbed orally, and a pharmaceutically effective adjuvant species.

In yet another embodiment, the present invention provides a method for enhancing the oral availability of therapeutic polypeptides of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, wherein the method comprises the step of chemically linking the polypeptide to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug. Preferably, this embodiment of the present invention provides a prodrug where the polypeptide is chemically linked

to the carrier moiety through a non-therapeutic linker species. More preferably, the linker species is an amino acid.

In an alternative embodiment, the invention of the instant application encompasses a method for the treatment of a physiological condition through the oral administration of a therapeutically effective species comprising the steps of chemically linking a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug, and orally administering the prodrug to a patient exhibiting the physiological condition. Preferably, in the practice of the method of the present invention, the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species. More preferably still, the linker species is an amino acid.

In still another embodiment, the invention of the instant application provides for a method for the controlled release administration of a therapeutically effective polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, comprising the steps of chemically linking the polypeptide to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4

methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug, and orally administering the prodrug to a patient. In a preferred embodiment, the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species, and, more preferably still, the linker species is an amino acid.

5

Detailed Description of the Invention

In one embodiment, the present invention provides a prodrug for use in the treatment of physiological conditions comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4 methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl, wherein the carrier moiety is chemically linked to a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally. Preferably, in the prodrug of the invention, n is an integer from 3 to 6. More preferably, n is 5. In a particularly preferred embodiment, the polypeptide is Tyr-Gly-Gly-Phe-Met.

In an alternative variation, the prodrug of the present invention further comprises a non-therapeutic linker species linking the polypeptide to the carrier species. Preferably, the linker species is an amino acid. Thus, the prodrug of the present invention can be viewed as a three-component entity: the first, therapeutically active component is the polypeptide; the second is the linker

species, possibly an additional, non-therapeutic amino acid; and the third is the carrier moiety.

When delivered orally, the prodrug of the present invention is capable of delivery a systemic dose of the active drug species to a patient ingesting the prodrug. The active polypeptide, normally degraded in the gastrointestinal tract to non-therapeutic forms, survives and is broken down, probably by enzymatic hydrolysis in the liver. An added benefit of the present invention is that the kinetics of such breakdown to release the active ingredient are significantly slower than that associated with other methods of deliver of the unmodified polypeptide, effectively permitting a controlled release of the active species into the patient's system.

In another embodiment, the present invention contemplates a pharmaceutical composition comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl chemically linked to a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, wherein the polypeptide is poorly absorbed orally, and a pharmaceutically effective adjuvant species.

As would be recognized by one of skill in the appropriate art area, one or more of the amino acids of the therapeutically active polypeptides used in conjunction with the present invention may be modified chemically or

conformationally without significantly diminishing the pharmacological activity of the therapeutic entity. These modified polypeptides may be used in the practice of the present invention.

Ideally, the prodrug of the present invention is formulated into a pharmaceutical composition with pharmaceutically acceptable adjuvants known to those of skill in the art of pharmaceutical formulations. The resultant dosage form is suitable for oral ingestions as, for example, a pill or capsule.

In yet another embodiment, the present invention provides a method for enhancing the oral availability of therapeutic polypeptides of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, wherein the method comprises the step of chemically linking the polypeptide to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug. Preferably, this embodiment of the present invention provides a prodrug where the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species. More preferably, the linker species is an amino acid.

Known therapeutically active polypeptide species that have been demonstrated to be pharmacologically ineffective when delivered through typical

oral routes of administration can be modified through linkage to a carrier species to achieve effective bioavailability of the active entity.

In an alternative embodiment, the invention of the instant application encompasses a method for the treatment of a physiological condition through the oral administration of a therapeutically effective species comprising the steps of chemically linking a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug, and orally administering the prodrug to a patient exhibiting the physiological condition. Preferably, in the practice of the method of the present invention, the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species. More preferably still, the linker species is an amino acid.

Thus, utilizing the present invention, it is possible to treat physiological conditions through oral administration of therapeutically active polypeptides that would normally have to be administered through considerably less desirable routes of administration, such as by injection.

In still another embodiment, the invention of the instant application provides for a method for the controlled release administration of a

therapeutically effective polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, comprising the steps of chemically linking the polypeptide to a carrier moiety selected from

the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug, and orally administering the prodrug to a patient. In a preferred embodiment, the polypeptide is chemically linked to the carrier moiety through a nontherapeutic linker species, and, more preferably still, the linker species is an amino acid.

Due to the kinetics of the hepatic degradation of the prodrug of the present invention, the therapeutically active polypeptide species is released to the patient's system over relatively long periods of time, dosage dependent, to a maximum of nearly twenty-four hours.

EXAMPLE

Met-Enkephalin (Tyr-Gly-Gly-Phe-Met) is a naturally occurring pentapeptide ($n = 5$) belonging to the endorphin class. It is known to produce analgesia when given parenterally but no effect has been observed when given orally. Its mechanism of action relates to the binding to opioid delta receptors.

Met-Enkephalin is very rapidly degraded *in vivo* into a tetra-peptide which is subsequently metabolized. The plasma levels of Met-Enkephalin, as well of those of the metabolites, are hardly measurable, even when administered parenterally. Its pharmacological activity is classically demonstrated in the hot

plate test with rats when administered parenterally. However, when administered orally Met-Enkephalin is unable to demonstrate any analgesic effect as expected.

According to the present invention, a prodrug Cinnamoyl-Met-Enkephalin (cinnamoyl-Tyr-Gly-Gly-Phe-Met), of the general form carrier-aa₅,
5 demonstrated unexpectedly a strong, long-lasting analgesia in the hot plate test in rats when administered orally. Moreover, after 3 hours, but not after 7 hours, plasma levels of the tetra-peptide could be measured.

These results indicate that using a carrier such as disclosed herein, permits effective oral absorption of peptides of at least 5 amino acids in length as
10 demonstrated by a long lasting pharmacological effect and by detectable plasma levels. Without carrier no pharmacological effect could be demonstrated nor any plasma level measured.

What is claimed is:

I claim:

1. A prodrug for use in the treatment of physiological conditions comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl, wherein the carrier moiety is chemically linked to a
5 therapeutic polypeptide of the general formula aa_n , where aa is an amino acid or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally.
2. The prodrug of claim 1, wherein n is an integer from 3 to 6.
3. The prodrug of claim 1, wherein n is 5.
4. The prodrug of claim 1, wherein the polypeptide is Tyr-Gly-Gly-Phe-Met.
5. The prodrug of claim 1, wherein the prodrug further comprises a non-therapeutic linker species linking the polypeptide to the carrier species.
6. The prodrug of claim 5, wherein the linker species is an amino acid.
7. A pharmaceutical composition comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl chemically linked to a

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therapeutic polypeptide of the general formula aa_n , where aa is an amino acid or
5 a chemical or structural variation thereof, where n is an integer from 2 to 10,
wherein the polypeptide is poorly absorbed orally, and a pharmaceutically
effective adjuvant species.

8. A method for enhancing the oral availability of therapeutic
polypeptides of the general formula aa_n , where aa is an amino acid or a
chemical or structural variation thereof, where n is an integer from 2 to 10, and
wherein the polypeptide is poorly absorbed orally, wherein the method comprises
5 the step of chemically linking the polypeptide to a carrier moiety selected from
the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-
methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug.

9. The method of claim 8, wherein the polypeptide is chemically
linked to the carrier moiety through a non-therapeutic linker species.

10. The method of claim 9, wherein the linker species is an
amino acid.

11. A method for the treatment of a physiological condition
through the oral administration of a therapeutically effective species comprising
the steps of:

a.) chemically linking a therapeutic polypeptide of the
5 general formula aa_n , where aa is an amino acid or a chemical or
structural variation thereof, where n is an integer from 2 to 10, and
wherein the polypeptide is poorly absorbed orally, to a carrier
moiety selected from the group comprising cinnamoyl, benzoyl,

phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug; and

b.) orally administering the prodrug to a patient exhibiting the physiological condition.

12. The method of claim 11, wherein the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species.

13. The method of claim 12, wherein the linker species is an amino acid.

14. A method for the controlled release administration of a therapeutically effective polypeptide of the general formula aa_n , where aa is an amino acid or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally, comprising the steps of:

a.) chemically linking the polypeptide to a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl to form a prodrug; and

b.) orally administering the prodrug to a patient.

15. The method of claim 14, wherein the polypeptide is chemically linked to the carrier moiety through a non-therapeutic linker species.

16. The method of claim 15, wherein the linker species is an amino acid.

Abstract

Disclosed is a prodrug for use in the treatment of physiological conditions comprising a carrier moiety selected from the group comprising cinnamoyl, benzoyl, phenylacetyl, 3,4-methylenedioxycinnamoyl and 3,4,5-trimethoxycinnamoyl, wherein the carrier moiety is chemically linked to a therapeutic polypeptide of the general formula aa_n , where aa is an amino acid, or a chemical or structural variation thereof, where n is an integer from 2 to 10, and wherein the polypeptide is poorly absorbed orally. Preferably, in the prodrug of the invention, n is an integer from 3 to 6. More preferably, n is 5. In a particularly preferred embodiment, the polypeptide is Tyr-Gly-Gly-PheMet.

In an alternative variation, the prodrug of the present invention further comprises a non-therapeutic linker species linking the polypeptide to the carrier species. Preferably, the linker species is an amino acid. Thus, the prodrug of the present invention can be viewed as a three-component entity: the first, therapeutically active component is the polypeptide; the second is the linker species, possibly an additional, non-therapeutic amino acid; and the third is the carrier moiety.

Also disclosed are methods for the enhancement of the bioavailability of orally administered polypeptide substances.

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard diet and water, while the experimental group received a diet supplemented with 0.5% of the active ingredient. The subjects were then subjected to a series of tests, including a baseline test, a test after 1 week, a test after 2 weeks, and a test after 4 weeks. The results of the tests are presented in the following tables.

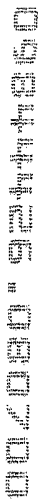


Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard diet and water, while the experimental group received a diet supplemented with 0.5% of the active ingredient. The subjects were then subjected to a series of tests, including a baseline test, a test after 1 week, a test after 2 weeks, and a test after 4 weeks. The results of the tests are presented in the following tables.

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard diet and water, while the experimental group received a diet supplemented with 0.5% of the active ingredient. The subjects were then subjected to a series of tests, including a baseline test, a test after 1 week, a test after 2 weeks, and a test after 4 weeks. The results of the tests are presented in the following tables.

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